



WALTON COUNTY
SHERIFF'S OFFICE
APPLICANT PACKET

www.WaltonCountyGa.gov
www.WaltonSheriff.com
wcsjobs@co.walton.ga.us

INSTRUCTION SHEET

Applicants must be at least 21 years of age for Deputy Sheriff positions, 18 years of age for Detention Officer and civilian positions, possess a high school diploma or equivalent, possess a valid driver's license, honorable discharge (if prior military), be a US citizen, have no felony or family violence convictions, and be of good moral character.

The applicant must complete all forms **accurately, legibly, and completely**. If a question does not apply to you write "N/A" in the space. Print answers to questions with a black or blue ink pen. **Be absolutely truthful**, a false statement or the omission of requested information is grounds for automatic rejection before appointment or termination after employment. If you answer "yes" to a question, you need to be complete in explaining the circumstances. Do not omit an explanation because you think the incident was minor and of no importance. If the space is insufficient to complete your answers, please attach supplementary pages.

The completed application and required documents must be returned to the Walton County Human Resources Department at the following address:

Walton County Human Resources
137 E. Washington Street
Monroe, GA 30655

Some pages require a Notary signature, these pages can be signed at the Human Resources office when the application is turned in free of charge.

Upon submission, your application and supporting documents will be reviewed for completeness. If your application is incomplete, you will be contacted about the issue. Applications that are complete and meet the minimum requirements will be forwarded to the Walton County Sheriff's Office background investigator for processing. The hiring process may further include an oral board interview, background investigation, polygraph examination, psychological examination, medical examination, drug screen, and physical aptitude test.

If you have any questions concerning this process please contact the Walton County Sheriff's Office at 770-267-6557.

The Walton County Sheriff's Office is an Equal Opportunity Employer and does not discriminate on the bases of race, color, National origin, sex, gender, religion, or disability in employment or provision of services.

6. Provide the following information for your spouse:
Name:

_____	_____	_____
(First)	(Middle/Maiden)	(Last)
_____		_____
(Social Security Number)		(Date of Birth)

7. Is your spouse employed? _____Yes _____No

(Employer's Name)

(Address)

(Telephone Number)

8. If married, are you living with your spouse? _____Yes _____No

If not, state reasons: _____

9. List below every child born to you, adopted, and any stepchildren and children supported by you.

Name	Date of birth	With Whom & Where Resides
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Are you supporting all children listed above, if not explain.

11. Have you ever been Bonded? _____ Yes _____ No

If yes, provide details: _____

12. Are you related to any person who is the owner or employee of a Bail Bonding Company or have you worked for anyone in the bonding business? _____ Yes _____ No. If yes, explain fully: _____

13. Have you ever been arrested? _____ Yes _____ No. If yes, explain.

Date	Charge	Disposition of Case	Arresting Agency
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14. Have you ever used an illegal drug, to include but not limited to, marijuana, cocaine, heroin, angel dust / PCP, LSD / acid or other hallucinogenic, crack, opium, Quaaludes, speed, crank, mushrooms, peyote, ecstasy, MDMA, ice, hashish, steroids, methadone, morphine, valium, ect? _____ Yes _____ No

If yes, explain the type of drug used, the date last used, and the number of times used:

15. Have you ever consumed any drugs prescribed for another person? _____ Yes _____ No
If yes, explain in detail:

16. Do you consume alcohol, and if so how often?

17. Do you use tobacco, and if so how often?

18. List the names of the following family members.

Father: _____

Mother: _____

Brothers: _____

Sisters: _____

B. **EDUCATION:**

15. Circle the highest year completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

College Graduate? _____Yes _____No

High School Graduate? _____Yes _____No

High School Equivalency? _____Yes _____No

College Name: _____

Address: _____

Year Graduated: _____ Degree: _____

High School: _____

Address: _____

Year Graduated: _____

Vocational School: _____

Address: _____

Year Graduated: _____ Major: _____

16. Were you ever expelled or suspended from any school, or were you ever disciplined by any school official? _____ Yes _____ No

If yes, explain: _____

C. **EMPLOYMENT:**

17. What is your present occupation or calling? _____

18. Are you seeking permanent employment with this department?
_____ Yes _____ No

19. Do you have any relatives who work with this department?
_____ Yes _____ No

If yes, list their name(s) and your relationship? _____

20. Why did you leave your last job or why would you leave your present job for this position? _____

21. Did a supervisor ever reprimand you for being late or for being absent?
____ Yes ____ No

If yes, explain: _____

22. Did a supervisor ever reprimand you for misconduct or not doing your job? ____ Yes ____ No

If yes, explain: _____

23. Did you ever have any arguments concerning job duties/working conditions? ____ Yes ____ No

If yes, explain: _____

24. Have you ever experienced shift work? ____ Yes ____ No

Explain: _____

25. Are you currently a Georgia P.O.S.T. Certified Peace Officer? ____ Yes ____ No

If so, write your P.O.S.T. PBLE number: _____

Are you a certified Law Enforcement Officer in any other state? If so, where?

26. Please list any previous Law Enforcement experience:

27. If you were previously employed as a Law Enforcement Officer, please list any uses of force, disciplinary actions, internal investigations, reprimands, suspensions, demotions, and/or terminations on a separate attached narrative.

28. How did you hear about this position?

29. Were you referred by a current Walton County employee? If so, by whom?

D. **WORK SAFETY:**

30. Have you ever been disciplined for unsafe work practices, or unsafe operation of tool, vehicles, or other equipment? _____Yes _____No

If yes, explain: _____

31. Have you ever injured yourself or another person on the job due to an improper or unsafe work practice, or unsafe operation of equipment?
_____Yes _____No

If yes, explain: _____

E. **REFERENCES:**

32. Fill in below the names of six (6) persons not related to you, and not former employers, who have known you for the past five (5) years.

Name	Work Phone	Home Phone	
Address	City	State	Zip
Business, Occupation or Profession			

Name	Work Phone	Home Phone	
Address	City	State	Zip
Business, Occupation or Profession			

Name	Work Phone	Home Phone	
Address	City	State	Zip
Business, Occupation or Profession			

30. List the names of Financial Institutions with whom you do business.

Name

City & State

31. Do you own a car? Yes No

Make: _____ Model: _____ Year: _____

Will this car be used for transportation to and from work?

Yes No

32. Do you owe any money on past jobs? Yes No If yes, explain:

33. Are you behind on any payments or debts? Yes No

Amount: _____

34. Are any of your creditors pressing you for payment? Yes No

35. Do you: Rent or Own your home?

36. Have you ever filed for bankruptcy, Chapter 7, Chapter 11, or Chapter 13? Yes No If yes, explain: _____

37. Have you ever been sued? Yes No
Have you ever sued anyone? Yes No

If yes, explain: _____

38. Have you ever had any judgements filed against you? _____Yes _____No

If yes, explain: _____

G. **MILITARY:**

39. Have you ever served in the military or naval organization of the United States? _____Yes _____No

Branch

Dates

Highest Rank

Service Number

40. What type of discharge did you receive? _____
(Include a photocopy of your DD-214 with this questionnaire)

41. Are you, or have you, ever been a member of the Nation Guard or Reserve? _____Yes _____No If yes, give details: _____

42. Has any disciplinary action been taken against you while a member of any military organization? _____Yes _____No If yes, explain: _____

43. Are you still on active status in the National Guard or Reserve? _____Yes _____No If yes, list branch, rank, and location: _____

H. **DRIVING RECORD:**

44. Do you have a current driver's license? ____Yes ____No

State:_____ License Number:_____

Class of License:_____ Expiration Date:_____

45. Have you ever received any traffic citations? ____Yes ____No
If yes, list below:

Date	Location	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

46. Have you ever been involved in a vehicle accident? ____Yes ____No
If yes, list below:

47. Has your license ever been suspended or revoked? ____Yes ____No
If yes, explain:

48. Do you have auto liability insurance? ____Yes ____No

Please include photocopies of the following documents with your questionnaire.

1. High School Diploma or GED Certificate
2. Birth Certificate
3. Driver's License (copy)

Please include photocopies of the following documents if they are applicable to you.

1. DD-214 Long Form with reentry code (If you have served in the Military)
2. Certified College Transcripts
3. Any name change documents
4. Citizenship Papers
5. Copy of Bankruptcy discharge papers

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize the Walton County Sheriff's Office, or other authorized representative of the Walton County Sheriff's Office bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and/or educational records; including, but not limited to, academic achievement, attendance, athletic, and disciplinary records.

I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding the information is for the official use of Walton County Sheriff's Office. Consent is granted for the Walton County Sheriff's Office to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or their education institution, or other consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind; which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of this release, you may contact me at the address indicated below.

I understand my application will be subject to verification through a comprehensive background investigation; a part of which may be a polygraph.

Falsification and/or misrepresentation of facts during any phase of the employment process will be grounds for termination of applicant's employment process and/or dismissal.

FULL NAME: _____
(Signature)

FULL NAME: _____
(Print or type)

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____

CURRENT ADDRESS: _____

NOTARY PUBLIC: _____
(Must have signature, date, and seal)

Applicant's Certification and Agreement
Authorization to Release Information
Conditions of Employment

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsifications of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I also release all such parties from all liability for any damage, which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the Walton County Sheriff's Office, I agree to conform to the policies, rules, and regulations of the government set forth in the Walton County Sheriff's Officer's Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employers at any time, at the employer's sole option.

I further acknowledge that if I become employed with the Walton County Sheriff's Office, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until I become a non-probationary, regular employee.

If required by the Walton County Sheriff's Office for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

THIS APPLICATION WILL REMAIN ACTIVE FOR 180 DAYS ONLY, UNLESS RENEWED PERSONALLY BY ME IN WRITING.

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Before an applicant can be selected for employment with the Walton County Sheriff's Office, he/she must submit to a drug test. Should you be offered a job with the Walton County Sheriff's Office, your position may require random drug testing.

May we contact your present employer? _____No _____Yes _____Presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: _____ Signature: _____

Alcohol and Controlled Substance Testing

As a condition of employment with Walton County Sheriff's Office, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any convictions under a criminal drug statute for such violations. A report of the conviction must be received by this agency within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the Walton County Sheriff's Office, you must successfully pass this screening test.

By signing this form, you are acknowledging that you consent to such an examination and screening test.

Date: _____ Signature: _____

Walton County Sheriff's Office Consent Form

I hereby authorize the Walton County Sheriff's Office to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name Printed

Street Address

City

State

Zip

Sex

Race

Date of Birth

Social Security Number

Signature

Notary Signature

Date

WALTON COUNTY SHERIFF'S OFFICE

Pre-employment Drug Testing Policy

I, _____, attest by my signature affixed to the bottom of this document that I have been advised it is the policy of the Walton County Sheriff's Office to screen employment applicants for the presence of narcotics and dangerous drugs, through urinalysis test.

As an applicant for consideration of employment with this agency, I attest that I presently agree to submit to such testing, understanding it is a condition of employment.

I further understand that should I refuse to submit to this manner of testing, consideration of my application for employment will immediately cease, and I will be disqualified from hiring.

Applicant

Date

Witness

Application For Employment

I, _____, by affixing my signature below, submit my name for the consideration of employment as a _____ with the Walton County Sheriff's Office.

By this document, I authorize the Walton County Sheriff's Office to begin an investigation into my suitability as a candidate for employment.

I further understand that in order to be a candidate for employment, I must be able to comply with the following requirements:

1. Be at least 21 years of age to be employed as a patrol deputy or 18 years of age to be employed as a jailer.
2. Be a citizen of the United States.
3. Possess a valid driver's license.
4. Have a High School Diploma or its recognized equivalent.
5. Be fingerprinted and a search made of local, state, and national files.
6. Be found free of any felony or multiple misdemeanor convictions.
7. Possess good moral character as determined by investigation.
8. Be tested in form of a polygraph and other examinations.
9. Shall be able to work any shift as assigned, day or night, holidays and weekends as required of the job.
10. Be found, after examination, to be free of any condition that might adversely affect the applicants job performance.
11. Be able to meet all qualifications set-forth by the Georgia Peace Officers Standard council.

Signature

Date

Witness

Date